

## Mayor's Four Pillars Coalition Meeting

November 7, 2007



As attendees to the Mayor's Four Pillars Coalition Meeting walked into SFU's Segal Graduate School of Business on Granville Street in Vancouver, they were greeted by volunteers from InSite, the supervised injection site in the Downtown Eastside (DTES), seeking support asking people to write letters to Prime Minister Stephen Harper expressing support for the site. The site was mentioned regularly throughout the three-hour meeting, which featured addresses from several people. Heather Hay, director of addiction services, HIV and AIDS Services at Vancouver Coastal Health (VCH) and Liz Evans of the Portland Hotel Society, spoke about InSite and the research and broad-based advocacy supporting its continued existence. Richard Mulcaster, Executive Director of Inner Change Charitable Society and Dr. David Marsh, Physician Leader, Addiction Medicine at VCH, spoke about the Chronic Addiction Substitution Treatment trials. Geoff Plant, Project Civil City Commissioner spoke about the project and Jim Chu, Chief Constable, Vancouver Police Department (VPD) outlined the VPD's perspective on drug issues in Vancouver.



### Mayor Sam Sullivan, Welcome

Mayor Sam Sullivan opened the meeting by welcoming participants and acknowledging the presence of Councillors Elizabeth Ball, David Cadman, Kim Capri, Tim Stevenson and Heather Deal, as well as former Mayor Philip Owen and Vancouver Board of Education Chair Ken Denike.

Sullivan outlined some of the recent international interest in the city's drug problems and the implications of that interest. He noted that he had recently attended an international meeting of 35 mayors from all across the

western hemisphere, addressing issues related to guns, gangs and drugs. He said he talked to the group about the Four Pillars Drug Strategy and found they are watching how the strategy is working. Sullivan also remarked on his recent interview with American journalist Dan Rather, whose focus was on the DTES and drug addiction. Sullivan said it is up to those at the meeting to help determine whether the long-term story of the DTES will be one of hope or hopelessness. He said that the presence of international news media during the Olympics in 2010 will further focus attention on Vancouver's efforts in the DTES and could have an impact on similar efforts in the rest of the world.



### **Heather Hay, InSite**

Heather Hay addressed the original goals of the supervised injection site, InSite: to keep people who inject drugs alive and in as good health as possible. It also seeks to reduce transmission of communicable diseases, reduce public injections and engage hard-to-reach clients (such as those who are dual diagnosed with addictions and mental health issues, have a history of trauma, are homeless or live in shelters or sub-standard housing), in the healthcare system. She said 7,648 different individuals have registered with InSite: for many clients, the injection site is their primary health care provider. The site also offers nursing services, abscess care, inoculations and referrals to other healthcare or social services, addiction counselling and withdrawal management. With the addition of OnSite last September, people can be referred to treatment on demand on the site. She said InSite, and OnSite, provide a bridge from a chaotic, drug-using lifestyle to entering withdrawal and treatment. One in five InSite clients accesses detox. The site has a *Health Act* exemption allowing it to operate only until June 30, 2008. Hay said all of the research on InSite that has been published in peer-reviewed journals has been positive.



### Liz Evans, InSite

Liz Evans of the Portland Hotel Society has worked in the DTES since 1991 and spoke about the Community Campaign to Support InSite. She noted that a Mustel Group survey in late June showed 76-per-cent support for InSite among Vancouver residents. Evans outlined recent public support for InSite, including a street march in Toronto, weekly letters (totalling more than 8,000 to date) to Prime Minister Stephen Harper, a press conference by three of Vancouver's former mayors, a BC Supreme Court challenge, a display of crosses in a West Vancouver park to mark number of overdoses at the SIS (currently over 800, none of which has resulted in a death), and a DTES rally to show support for InSite. She noted that of the approximately 78 supervised injection sites in the world, Vancouver's is the busiest.

A registered nurse, Evans also spoke about InSite's health-related outcomes. With almost 1 million injections at InSite since it opened, users are showing safer injection practices, there is less needle sharing (resulting in fewer transmissions of disease), there has been a 45-per-cent decrease in public injections, and there has been a 33-per-cent increase in treatment uptake. She also noted there has been no increase in drug-related crimes surrounding the site.

Evans pointed out that outside of the very small intervention InSite represents, hundreds of drug users continue to die. She said there is no silver bullet intervention that will change the situation in the DTES but Evans said she supports the comprehensive four-pillar approach. In response to Prime Minister Harper's comment, in introducing his anti-drug strategy, that "the party's over" Evans commented, "Nobody I have met over the past 17 years living lives of addiction is having a party."



### **Questions**

In response to a question, Hay confirmed that the InSite statistics are on the VCH website. (There is also a fact sheet with background and recent statistics about InSite on the City of Vancouver Drug Policy Program's website at <http://vancouver.ca/fourpillars/documents/SISNov2007.pdf>).

Responding to a question about how many sites are required Hay said that first, InSite needs to be open 24 hours a day. Beyond that, she does not have statistics on the need for additional sites. Dr. David Marsh added that not all injection drug users require a site for all of their injections. He said that new sites could apply a different model, such as smaller sites integrated into primary care treatment facilities.

In response to a question, Liz Evans explained that users have various drug use patterns: some use on certain days or in cycles. Hay added that drug use is ritualistic and depends on the user's process of addiction. Some inject at InSite three or four times a day, others once a week or month.

Responding to a question about the cost of running InSite, Hay said the operating cost is \$2.4 million annually, paid by VCH. She called the amount "a drop in the bucket," compared with the potential impacts to the health system --such as new HIV/AIDS infections, emergency services, hospitalization etc-- without it. "We really see that InSite is a cost saving, not only a life saving but a cost saving for the healthcare system."

Ann Livingston of Vancouver Area Network of Drug Users (VANDU), said that injection sites need to be situated in areas where there is a lot of public drug use. She said they should include consumption rooms for crack users who spend time smoking crack in alleys, away from services such as phones, bathrooms, counsellors, health care workers and shelter.



### **Richard Mulcaster, CAST**

Richard Mulcaster, Executive Director of the Inner Change Society, introduced the Chronic Addiction Substitution Treatment (CAST) trials. He questioned why we are so successful in cancer treatment, fundraising and outcomes, but less so in addiction care. He said he's feeling more optimistic as he sees, in Vancouver, a political and public willingness to move forward with addiction research.



### **Dr. David Marsh, CAST**

Marsh outlined the problem CAST seeks to help address. The DTES has become an area where people with serious drug, mental health and poverty issues cluster. Every untreated drug user represents a significant social cost, including enforcement costs. Marsh argued that effective treatment could significantly reduce enforcement and other costs.

Marsh showed that the current methods for treatment do not work for 75 percent of clients. Typically, about 10 percent of users will become abstinent without treatment and about 15 percent will reach that goal with effective treatment. He outlined how substitution therapy has been shown to be successful with methadone and heroin. Marsh called CAST a package of clinical and innovative approaches to substitution treatment. In it, physicians will prescribe legal pharmaceuticals to trial volunteers. The researchers would measure the benefits and adverse effects of treatment. The goal would be to end dependency and restore users' productive social function.

Marsh offered some statistics on the DTES: there are 16,000 citizens, of which 5,000-7,000 are injection drug users; about 5,000-6,000 are stimulant smokers (mainly crack cocaine) and 8,000-10,000 are cannabis smokers. About 1,000-7,000 are severely mentally ill, approximately 20 percent of injection drug users are HIV positive and about 60-80 percent of drug users are Hepatitis-C positive. He said it's known that the highest number of individuals with undetected and untreated HIV is among injection drug users.

He said the major gaps in the existing systems ignore heroin users who cannot or do not use methadone, those with concurrent (mental illness and addictions) disorders, those with Hepatitis C and adolescents who use stimulants. He also said there is a lack of early intervention programs offering treatment to those early in the course of their drug use.

CAST includes five rigorous, randomized trials addressing opiate and stimulant dependence. Inner Change hopes that all five trials will be running by 2010. More information is available at <http://www.castvancouver.org/>.



### **Questions**

In response to a question, Marsh said cannabis was not considered as one of the replacement medications. CAST's focus is on oral medications currently available in Canada. Ann Livingston of VANDU called for citizen oversight of treatment services. She noted that in recent years, the number of drug users who are homeless has climbed. Marsh commented that homelessness significantly impacts users' health and their ability to access services. He added the CAST has oversight and clinical committees.

Former Vancouver Mayor Philip Owen asked why there is so little talk about prevention. While students learn about cigarette and alcohol use, they receive little education about drugs. Heather Hay referred to the new SACY (School-Age Children and Youth substance abuse prevention) program in some Vancouver secondary schools, as well as the Capable Kids program, a partnership between VCH and a number of community agencies.



### **Geoff Plant, Project Civil City**

Project Civil City (PCC) Commissioner Geoff Plant outlined the goals of the project which, he said, asks citizens what they can do to make Vancouver a better place. It aims to eliminate homelessness, the open drug market and panhandling and do a better job of dealing with public nuisance. He explained PCC is not necessarily involved in every civic initiative designed to make this a better city; rather, it looks to areas where it can do work complementary to what is already in place. Plant called his role "supporter, coordinator and

cajoler”. On November 13, Plant will meet with City Council, to discuss the program’s goals and talk about some specific initiatives where PCC has a role to play in providing support to the vulnerable, engaging citizens and engaging order. The City’s report is located at

<http://www.city.vancouver.bc.ca/ctyclerk/cclerk/20071113/documents/rr2.pdf>.



### *Questions*

In response to a question about the current practice of denying individuals on welfare a third housing damage deposit, Plant offered to look into the issue. In response to another question, he said that the City is currently studying different approaches to handling garbage in the DTES. In response to a question about baselines, Plant said council will have to determine an approach and give him direction. In response to a question about property inspections, Plant said it was indeed an issue that PCC will examine.



### **Vancouver Police Department Chief Constable Jim Chu, The VPD Perspective**

Chief Constable Jim Chu noted that the Vancouver Police Department (VPD) spends a lot of time thinking about the issue of substance abuse in the city, including the ongoing social problems in the DTES, the open air drug market, grow-ops, meth labs, trafficking operations, street disorder and violence, chronic offenders and the alcohol-fuelled problems of the downtown entertainment district. He said Vancouver is the lead jurisdiction in Canada

where drug policy issues and different approaches to substance abuse are debated, implemented and evaluated. He said the VPD supports a balanced, four-pillar approach that is lawful, ethical and considers the interests of the whole community. He also confirmed the VPD's support for the research and public health objectives of InSite. "Good social policy decisions need to be based more on evidence and less on opinion and ideology," he said.

Chu pointed out that the VPD focuses on the negative behaviours associated with illegal substances. He said the VPD's enforcement will continue to focus on the street and middle-level traffickers. Those in possession of illicit substances will not be charged for the sake of possession but rather if their use interferes with the public's enjoyment of public places. In particular, playgrounds and school grounds are off limits for substance use.

He said that among the four pillars, he views prevention as the most important one, with the fewest resources. He said the VPD supports accessible, on-demand treatment. It also supports criminal sanctions, such as drug and community courts. The department supports harm reduction measures that are lawful and ethical; this includes needle exchanges, the supervised injection site and the North American Opiate Medication Initiative (NAOMI) trials. Finally, Chu said that chronic offenders are a top priority for the VPD. Most of the property crime in Vancouver is driven by drug addiction. He said there are about 350 chronic offenders in Vancouver who have been the subject of 12 or more recommended criminal charges in the past 12 months. Most of their offences are related to property crime. Chu said that longer periods of incarceration would give these offenders access to treatment in jail.



### **Questions**

In response to a question about the fact that IDUs are three times more likely to become HIV-positive in jail as compared with on the street, Chu said he hopes to get treatment for chronic offenders, saying that the community needs protection from some offenders' high crime rates. In response to a question about organized crime fuelling drug crimes in Vancouver, and the link with prohibition, Chu said a lot of organized crime in Canada is in place to supply the US markets so even if Canada moved to regulation of drugs, the fact

that the US will likely never regulate drugs means organized crime will still operate, in order to supply the US market.

### **Mayor Sam Sullivan, Closing**

In wrapping up the meeting, Mayor Sullivan acknowledged the presence of Councillors Suzanne Anton and Peter Ladner and City Manager Judy Rogers. He noted the progress on the development of the City's 12 housing sites. He pointed out that Vancouver was the site of the first methadone program in the world, the first needle exchange, the first supervised injection site in North America and is one of only two cities in North America hosting heroin maintenance trials. Sullivan said he's proud of Vancouver, of Philip Owen for initiating the Four Pillars Strategy and for the actions of those in the coalition. He said their collective work will be the legacy of 2010.

*Further photos from the Mayor's Four Pillars Coalition Meeting:*



Stephen Owen, former MP



Ken Denike, Chair, Vancouver Board of Education



Dean Wilson, VANDU



Ethel Whitty, Executive Director, Carnegie Centre



Interested participants



Councillor Kim Capri



Councillor Tim Stevenson



Councillor Heather Deal



Councillor Elizabeth Ball



Councillor Peter Ladner



Councillor David Cadman



Councillor Suzanne Anton  
greet meeting participants